

UK Health Check has only modest impact on risk factors for cardiovascular disease

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The largest risk assessment and management program for cardiovascular disease in the world, England's National Health Service Health Check, had only a modest impact on risk factors for heart disease and did not meet national and international targets, found new research in *CMAJ* (*Canadian Medical Association Journal*)

Many countries have created programs to assess and manage cardiovascular risk because cardiovascular disease is the leading cause of death world-wide.

"Health Check failed to meet targets, which is concerning, given that the program is being delivered in the context of a universal health system with well-developed primary care and high penetration of electronic medical records," states Kiara Chang, Department of Primary Care and Public Health, School of Public Health, Imperial College, London, UK, with coauthors.

Health Check provides a [cardiovascular disease risk](#) assessment every 5 years to all adults aged 40-74 years without known vascular disease. However, the program has been controversial in England since its introduction in 2009, and there have been no randomized controlled trials evaluating Health Check.

To assess the effectiveness of Health Check, researchers from the UK looked at [electronic medical records](#) of 138 788 randomly selected patients between the ages of 40 and 74 years who were registered at one

of 462 English general practices. Of the total, 21.4% of patients (29 672) participated in the Health Check program.

"We found that attendance of the Health Check program was associated with statistically significant but clinically modest overall reductions in modelled cardiovascular risk and individual risk factors (except for smoking prevalence). Reductions in modelled cardiovascular risk, diastolic blood pressure, BMI [body mass index] and total cholesterol were similar for all Health Check attendees, irrespective of modelled [cardiovascular risk](#) levels at baseline," found the researchers. "The program resulted in significantly more diagnoses of selected vascular diseases among attendees, with the largest increases for hypertension and type 2 diabetes."

"Our results highlight the need for careful monitoring and evaluation of risk assessment programs for [cardiovascular disease](#) internationally. They also emphasize the need for high-quality research to identify effective strategies to improve program performance," the authors conclude.

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.151201

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